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Bib Data Sheet

CONFIRMATION NO. 8082

<b>SERIAL NUMBER</b> 09/980,145	<b>FILING OR 371(c) DATE</b> 04/12/2002 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 59338-B-PCT-US/JPW/FHB
<b>APPLICANTS</b> Beth E Borowsky, Montclair, NJ; Kristine L Ogozalek, Rochelle Park, NJ; Kenneth A Jones, Belmont, MA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US00/14654 05/26/2000 which is a CIP of 09/413,433 10/06/1999 ABN which is a CIP of 09/322,257 05/28/1999 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 04/08/2005</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 28	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 45821				
<b>TITLE</b> Dna encoding snorf33 receptor				
<b>FILING FEE RECEIVED</b> 564	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			
				<input type="checkbox"/> All Fees
				<input type="checkbox"/> 1.16 Fees ( Filing )
				<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
				<input type="checkbox"/> 1.18 Fees ( Issue )
				<input type="checkbox"/> Other _____
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<b>** CONTINUING DATA **</b> This application is a 371 of PCT/US00/14654 05/26/2000, which is a CIP of 09/322,257 05/28/1999 ABN, <i>which is a CIP of 09/413,433 Filed October 6, 1999,</i> <i>FH 07/6/05</i>				
<b>** FOREIGN APPLICATIONS **</b> <i>None</i> <i>FH 07/6/05</i>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 28	<b>TOTAL CLAIMS</b> <del>8</del> 22
Verified and Acknowledged	<i>FH 07/6/05 FH</i> Examiner's Signature Initials			<b>INDEPENDENT CLAIMS</b> 1
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